

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

80732

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Harrison</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>				Length of stay in lb <u>DOA</u>		d. STREET ADDRESS <u>Route 7</u>	
3. NAME OF DECEASED (Type or print) First <u>Eli</u> Middle <u>Dotson</u> Last <u>Hayes</u>				4. DATE OF DEATH Month <u>June</u> Day <u>25</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 20, 1923</u>	
9. AGE (In years last birthday) <u>33</u>				IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u>4</u> Min. <u>4</u>		IF UNDER 24 HRS. Hours <u>4</u> Min. <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Boone County, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13. FATHER'S NAME <u>Byron Hayes</u>			
14. MOTHER'S MAIDEN NAME <u>Minta Fancher</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			
16. SOCIAL SECURITY NO. <u>430-42-5043</u>				17. INFORMANT Address <u>Mrs. Eula Hayes Harrison, Rt. 7, Ark.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head injury, Lacerations of neck and face. Blood loss, shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Nephritis, and delirium tremens</u> DUE TO (c) <u>8234</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>32</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>one car accident, missed turn-off road and speed too great to turn off.</u>				
20c. TIME OF INJURY Hour <u>2:30</u> a. m. <u>6/22/57</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 85 North</u>			20f. CITY, TOWN, OR LOCATION <u>Harrison</u>		20g. COUNTY <u>Boone</u>		20h. STATE <u>Arkansas</u>
21. I attended the deceased from <u>6/22-57</u> to <u>6/25-57</u> and last saw her alive on <u>6/24-57</u> Death occurred at <u>10 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							22. DATE SIGNED <u>6/25/57</u>
22a. SIGNATURE (Degree or title) <u>O. B. Gray M.D.</u>							22b. ADDRESS <u>Harrison, Ark.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 30, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maplewood cemetery</u>		23d. LOCATION (City, town, or county) <u>Harrison, Arkansas</u>	
24. FUNERAL DIRECTOR <u>Holt Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>6-27-57</u>		26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		

(Licensed Embalmer's Statement on Reverse Side)

LS 61-1 & 70C1

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed

*L. Paul Gorman*

Licensed Embalmer No. *31*

P. O. *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.